erythromelalgia – improves on exposure to cold etc.
• elevation of extremity – Most common = essential thrombocythemia



1. A young patient with Narrow complex tachycardia (SVT) give ◊ IV Adenosine
2. For prophylaxis of roommate of pt wd meningococal menigits
B.rif+ meningococal vaccine tetravalent
3. One qs 'iv drug abuser with shoulder pain, o/e normal shoulder joint, cervical xray normal, with hiccups. Dx=? ◊ CT abdomen
4. Commonest cause of PUO –TB
5. Fear gripping near by objects - Temporal lobe epilepsy
6. Scenario with recurrent flushing & diarrhrea.. But also, typical findings of MS. ◊ carcinoid syndrome
7. Differentiating test between crohns and ulcerative colitis.. – serology
8. What goes in favour of ulcerative colitis and not in crohns.- circumferential involvement
9. 5 ASA compounds in UC ◊ reduce risk of colorectal carcinoma
10. Patient with ST elevation inferior wall MI ...sk was given...after 2hours patient still complaining of severe chest pain ...ECG ST elevations
• Rescue PCI
11. 90kg female with Amenorrhoea, hypertension and hirsuitism ◊ PCOS / cushing syndrome
12. Pt wd headache .bp 230/130. Papilledema..Chest clear.
A. Iv nitroprusside V/S Labetalol- ??
13. Dose of adrenaline in CPR?? ◊ 1mg every 3 min
14. Polymorphic erupted lesions on skin family history positive ◊ scabies
15. K/c of crohns develops hematuria and flank pain. Cause?
A. Hyperoxaluria leading to renal stones. — colitis.
16. Patient with A-FIB + severe abdominal pain + thumbprint sign on x ray ◊ ischemic colitis
17. Patient DM type 1 having family history positive. Father died of CRF. By what investigation we will assess his renal involvment.
A. Microalbuminuria
18. Pt develops skin pigmentation..had BL adrenalectomy.
A. Nelson syndrome. — post Adrenelectomy — Addison's — ACTH high.
19. Patient with lightheadedness Chest xray and ecg was normal ... Holter monitoring was advised what will it show — ??
A. svt B wencheback phenomena
20. Young male with history of Gerd..ogd showed multiple pyloric ulcers + short QT interval ◊ hypercalcemia
21. A patient had asystole 4 mins before your arrival. Cpr was started before you. On arrival what will you do.
#. Iv adrenaline 1mg
22. Alcoholic smoker with cough and sputum,hemoptysis weight loss CXR – RN shadow..His bronchoscopy and biopsy picture showed?? ◊ AFB
23. Diabetic tennis player collapsed --<> hypoglycemia — erythropoietin
24. A sports man took some drugs than his hb 19.3 If Hct > 50% — out from game
Hematocrit 58% he is at risk for Normal Hematocrit males = 42 ± 5
Rhabdomyosarcoma — ??
Hcc — Hemochromatosis ↑ Risk of HCC.
Rcc — erythropoietin → ↑ Arterial + venous thrombosis.
25. Alcoholic male with history of pancreatitis, epigastric pain which got severe in past two months. C.T abdomen shows

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Hematocrit 58% he is at risk for
Rhabdomyosarcoma
Hcc
Rcc
25. Alcoholic male with history of pancreatitis, epigastric pain which got severe in past two months. C.T abdomen shows cyst of size 7x8 cm and increased peritoneal fluid surrounding small gut loops. — ??
1. Acute pancreatitis
2. Adenoma pancreas
3. Pancreatic pseudocyst — ??
4. Metastatic ca
26. MCC of recurrent Myoglobinuria–mc cardle disease
27. MR + seizures + adenoma sebacicum – TS complex
28. Laborer chest pain -◊ pneumothorax
29. Cholecystitis senario.. What is best test to see obstuction of cystic duct...
1..Uss bilarry tree
1.. HIDA scan = Best.
30. Diet sushi + anemia ( diaphlabothrium latum → Fe Def Anemia.
31. Feeling lump in throat withouy any difficulty in swallowing to liquid or solid
Globus hystericus
32. Flank pain and hematuria..xray normal..uS showed dialted pelvi calyceal system and multiple shadows.
Dx. Urate stones
B.cystine stone'

erythropoietin → ↑ Risk of HCC.
erythropoietin → ↑ Arterial + venous thrombosis.
Hemochromatosis
If Hct > 50%, — act from game
Normal Hematocrit males = 42 ± 5
— ??
essential thrombocythemia
Myelofibrosis
Myeloproliferative
Polycythemia
thrombocythemia
↳ lu-x — lucent = urate Xanthine
Secondary erythromelalgia
fibromuscular dysplasia affects which — Iliac
Tuberculous aneurysms involve.
Raynauds is most freq ass = headache — Migraine
Migrating thr superficial thrombosis
string of beads.

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Corrected Na= (in Hyperglycemia) Measure Na in Serum + 0.016 x (Glucose in serum - 100)2

Esophageal Manometry

33. Achalsia scenario ◊ manometry
34. GERD diagnostic ◊ 24hr pH monitoring
35. Emphymatous cholecystitis scenario — ?
36. Young boy with RBBB and some ectopics ◊ RV arrhythmogenic cardiomyopathy
37. Most common Portosystemic shunt ◊ gastric vein and esophageal vein [GaVE]
38. Definitive rx of HP syndrome ◊ liver transplant
39. Case of snake bite, now pulse is diminished + raised INR ◊ FFP + fasciotomy
40. One strong pulse alternate with one weak pulse in patient with dyspnea ◊ pulsus alternans
41. Scenario of Rheumatic fever ◊ ASO titer
42. Scenairo of rheumatic fever ◊ erythema marginatum
43. Serum sodium 124, RBS 700mg/dl ◊ corrected sodium 134 — ?? → 124 + 0.016 x (700 - 100) 124 + 0.016 x 600 124 + 9.6 = 134 — ??
44. Pregnant lady, severe symptomatic MS valvue area <1cm2, pressure gradient >15mmHg ◊ rx ◊ valvulotomy — ??
45. An old man in nursing home with headache neck stiffness fever. All signs of meningoencephalitis. Csf showed sugar 3.5 mmol protein 0.8g/dl lymphos 70% neutros 5% gram negative rods on gram stain, Serum glucose 6mmol. What is the best tx? APMICILLIN + CEFTRIAXONE

↳ E.coli - Klebsiella

Pulsus Alternans

46. Patient with left flank pain with hematuria
A. KUB
B. Ultrasound abdomen/pelvis

< 1.5cm = severe MS

< 1cm = V. severe MS

47. Smoker mucosal gland enlarged
Chronic bronchitis
48. Legionella patient cant take macrolide ◊?
49. Diplopia dyarthria and one more
Basilar artery infarction

- pulsus Bisferiens

50. COPD pt having resp acidosis scenario ..
Ans.Oxygen inhalation 2-3L/m
51. Q... pregnant lady HIV +ve, drug which can prevent /dec tx to disease to baby..
Ans , Zudovidine/or any other??
52. Dialysis patient now developed carpal tunnel features ◊cause ◊ dialysis related amyloidosis
53. Pt having right side burning pain after stroke which lo e involved
Frontal
Temporal
Thalamus

thalamic pain syndrome or parietal lobe → Central ~~pain~~ post stroke pain

- pulsus paradoxis.

54. Patient with features of carpal tunell syndrome + sleepiness ◊ hypothyroidism
55. Diagnostic investigation of idiopathic hemochromatosis
A. Liver biopsy e iron stores ✗ → doesnot differentiate b/w other causes of scc. HFE gene Mutation Hemachrom
56. Man with fever and jaundice ,lfts shows heamolytic pictures diagnosis
Plasmodium faclparum

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Plasmodium faclparum
57. Idiopathic hemochromatosis – high iron low TIBC
58. Patient having loss of vision with macular sparing..cause??
left sided occipital stroke
59. Scenario of conn syndrome
60. A 35 Yr old woman having syncopal attack. Ejection sys murmur n echo showed interventricular septum (thickened) or something. Best tx for her?
1. ICD
2. Beta blockers
61. Soldier returning with 3 day history of fever. Intercellular ameboid like organism seen with blue cytoplasm.
Leishmania
Trypanosomiasis
Falciparum ✗
Babesiosis ✗
62. Left leg pain DVT best diagnostic test
Doppler — Good.
Left leg venograhy — Best.
63. Common cause of SAH
~~Av~~ malformation
Berry aneurysm
Htn

— Jaulan paradoxis.
— Anacrotic pulse
ICD preferred over β-blockers.
normal Approx 1cm.
3.5cm → HOCM
HOCM → surgical septal myomectomy or Alcohol septal Ablation.
macrophages.
?? check
amastigotes

Rx of gram – ve Rods:- Pneumonia
- 3rd generation cephalosporins
- Aminoglycosides (amikacin/ Gentamycin)
- Quinolones
- Carbapenems

~~SAH~~ causes
#1 cause = Head trauma
#2 Aneurysm
#3 AV – Malfor

Hepcidin ↑ → ACD
↓ — Fe Def Anemia

~~Atten~~ gram -ve cocci — Neisseria
Moraxella catarrhalis.

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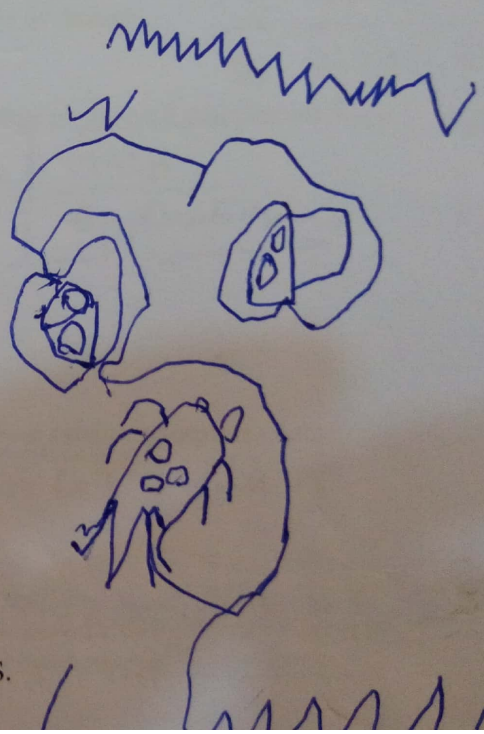
64. Autospy - 3500 gm yellow enlarged liver ◊ Galactosemia
65. Young female died autopsy showed large dilated heart ◊ coxasake virus b
66. Bronchogenic carcinoma case ◊ develops nephrotic syndrome ◊ membranous nephropathy
67. There was a scenario of pt having cough etc with bilateral pulmonary infiltrates on cxr n later developed air fluid level containing cavity in upper lobe. ◊ staphylococcus aureus
68. Operated for Asd with hemorrhages in retina, now feverish ◊ infective endocarditis
69. Profuse diarrhoea
V.cholera?
70. Pt went to his vlg after a long time shortness of breath, wheezing + labs were leucocytosis with neutrophilia
Ans. Ext Allergic alveolitis
71. Q.. medical student, got prick, pt was HBsAg+ve & antiHCV +ve, AntiHIV -ve... his labs show HbsAb.--> previous vaccination
72. Q....CKD pt, renal osteodystrophy?
def of 1, 25 vit D ??
73. bleeding scenario with raised APTT and RAISED BT
ans : was von willibrand disease
74. scenario of fever + bleeding, blast cells and auer rods ◊ AML
75. post Thyroidectomy tingling and numbness.
Ionised calcium ?
76. Short qt interval
Likely cause ◊ Ca 12.4
77. Main lad 50% rca 70% moderately severe as???
Cabg +avr
78. Scenario of HUS
79. pheochromocytoma
24 hour urinary metanephrines should have been chcked first before operating
80. CLL scenario
81. Patient with fever cough sharp intermittent chest pain
A. Costochondritis
B. MI
C. Pulmonary infarction
D. Acute pericarditis
82. Scenario fo HOCM ◊ SAM on echo
83. Girl wd ascending weakness power decreased, severe resp compromise, GBS.
Ans, FEV1/ neg inspiratory pressure / vital capacity??



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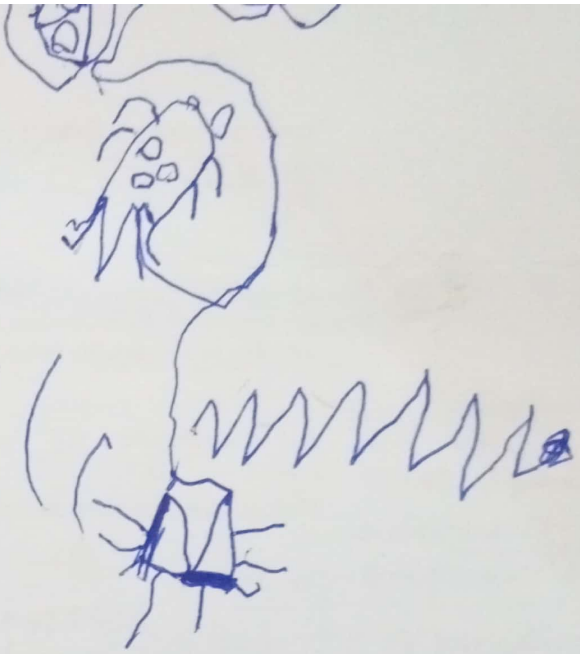

82. Scenario fo HOCM ◊ SAM on echo
83. Girl wd ascending weakness power decreased, severe resp compromise, GBS.
Ans, FEV1/ neg inspiratory pressure / vital capacity?? — ??
84. pesticide
Ans : pralidoxime
85. wheat pill scenario — ??
86. Hostel mates started to have vomiting after 5 hours staph aureus
87. Differentiating point between Graves disease and toxic multinodular goitre
A. Myopathy
B. Cardiomyopathy
C. Onycholysis
D. Tachycardia E. tremors } ??
88. Fever +r ash ◊ rubeolla
89. NSTEMI scenario rx ◊ IV heparin + beta blocker + aspirin
90. Scenario of cataplexy – sudden loss of muscle tone triggered by emotions.
91. Prgnt lady with low platlets, anemia. Fever. Alt 140 alp raisd.
HELLP
Acute fty liver of pregnacy } → ?? Diffrence b/w Acute fatty liver of preg & HELLP.
Intra hepatic choletasis
92. Nursing home resident + falls + episodic confusion ◊ subdural hematoma
93. How to differentiate type 4renal tubular acidosis from type 2 RTA – ans serum potassium — RTA 4 = ↑ K. RTA 1,2 = ↓ K.
94. Patient on clindamycin developed diarrhea. Rx ◊ vancomycin
95. Lesion of MS will be visualized in ____ on MRI? ◊ white matter
96. Female 4 hr before she was fine now presented with middle cerebral infarct on ct with focal deficit.rx ◊ IV alteplase — <4.5 hours

Rx of diabetes ans é Diarrhea → Lomotil (Diphenoxylate + Atropine).
Imodium (loperamide) —

7 dehydro cholesterol —(4 U light)→ 25 hydroxy vit D (25OHD) ⟶ b25(OH)D.

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97. Patient had all risk factors for atherosclerosis.came with dysnea.workup done showed ef 20 with enlarged heart and global hypokinesia.what investigation ◊ coronary angiography
98. High grad fever 102f,kernig positive pulse 90bpm?
Meningitis
Malaria
Enteric fever

Kernigs → knee.
Brudzinski
↳ flex (Brain) Head → knee - Hip also flex

99. Boy with colonic disease in which APC gene is mutated ◊ Familial adenomatous polpyosis
100. Pyloric stenosis vomiting metabolic anomoly
1. Hypokalemic alkalosis with alkalinuria ✓
2. Hyperkalemic alkalosis with alkalinuria ✗
3. Hyperchloremic alkalosis ✗
4. Hyperchloremic acidosis ✗

Hypokalemic Hypochloremic Met. Alkalosis → Alk urine ??

101. Tall, slim male developed sudden onset of chest pain and dyspnea ◊ pneumothorax
102. middle age female with lateral gaze palsy,headache and diplopia,investigation of choice?
1.mri brain ✓✓
2.csf

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103. young male presented with chorea and abnormal LFTs, rx of choice at this stage of disease ◊ pencillamine for Wilsons.
104. Senario of SIADH
A. urinary NA 8 ✓
B. Urinary K >30
C. Urinary specific gravity 1005
D. Urinary osmolality >100 mosmol/kg

Urinary Na > 20 = Renal loss of Na | SIADH / Hyponatremia.

105. SLE patient developed carcinoma of bladder. Cause ◊ cyclophosphamide
106. Sodium rich food was
Cereals
Can of soup

???

107. 56 years old female Patient with lower back pain,family history of breast cancer,calcium phosphate normal, what is best initial Treatment?????
Start HRT
Bisphosphonate+ calcium
Bisphosphonate only
Calcium + vitamin D

↳ Bisphosphonates vit D & Bisphosphonates (not Ca) ↓ risk of vertebral #

#1 #2
108. CKD patient needs tooth extraction. How to stop bleeding if desmopressin is unavailable ◊ conjugated estrogen ✓
109. Pleuritic chest pain and fever. Heart sounds were distant, Radiology showed enlarged heart silloutte.

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B. Urinary K >30
C. Urinary specific gravity 1005
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Next test?
A. Echo
B.CT
110. Patient c.o chest pain. Bp 80/40,ECG V tach.r x ◊ cardioversion
111. Pt with fever n pleuritic chest pain. Bronchial breathing in right axilla. Prophylatic treatment must include
Pneumococcus or staph
112. OBESE DM HBA1C 8.5
METFORMIN
113. Gold standard test for diagnosis of acromegaly
Glucose tolerance test – following GH measurement
114. For 20 years unfaithful wife history of depression suicide
Delusional disorder
115. Pt with low sodium 132 k 6.5 ,drug responsible
Amiloride
Loop diuretics
Thiazide
Ace
116. Pt had deafness nd hematuria.
Test to do?
A. Renal Bx.
117. One was that jerky pulse large a wave jvp ejection systolic in left sternl base pan systolic apex.
Pulmonary stenosis. MS. Hocm. Ar. Aortic sclerosis
118. young male had a severe conflict with parents
TOXICOLOGY SCREEN

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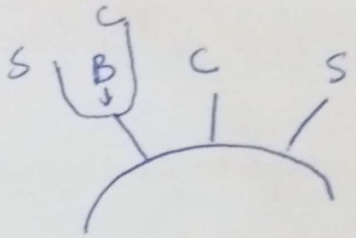


119. Pt with Av dissociation ,BP 110/80,HR 48 Serial ECG. Electrophysiology. Pacemaker. Echo Holter
120. BP IN upper right arm 150/90 and left leg is 80/40 with pan systolic murmur best heard at the back of the chest
1. Coarctation of aorta
2. PDA
121. Abdominal pain + jaundice + dark urine
• Ans Biliary colic
122. One scenario was a man with typical chest pain came to hosp duration 2 hrs. What tests can be done after this 2 hr period that will help in dx. 1. Cardiac enzymes 2. Echo3. ECG4. Trop T
123. Hospitalized old male developed diarhea .c deficile toxin positive.diffuse colonic thickening. What would be seen on histopathology?Pseudomembranous colitis
124. Alcoholic patient develops jaundice, weight loss. Most specific signs to confirm diagnosis ◊ Courvoisier law
125. Patient with features of muscle weakness. Test to reach diagnosis ◊ muscle enzyme test
126. Test that would be normal in Malabsorption syndromes ◊ barium enema
127. Scenario of needle stick injury, HbsAg is positive, anti-HCV, what to do next? Hb core IgM antibody
128. Risk factor for emphysema ?
129. Scenario of CSS syndrome patient who developed CKD. What bone complication is likely to occur ◊ osteitis fibrosa cystica
130. Collapse after laugh day time sleep and vivid dreams....
a) Narcolepsy b) Absence seizure
131. UC Patient presented with jaundice, ERCP shows dilated intrahepatic and extrahepatic ducts with normal ducts in between. Dx ◊ans – Primary sclerosing cholangitis
132. Young female, renal artery stenosis is thought to be cause of HTN. What finding is expected on CTAngiography ? ans – Fibromusuclar dysplasia
133. Patient with A – fib , calculate CHAD2VASC score and tell treatment? Warfarin
134. Male, abdominal pain and lump in right iliac fossa. Diagnostic test ◊ Colonoscopy with biopsy
135. Asthma patient, complain of severe dyspnea first step ◊ PEFR or ABGs
136. Patient complains of red eye, burning sensation, x ray b/l lymphadenopathy, skin rash. Diagnosis ◊ sarcoidosis
137. Fever + arthritis + pleuritis + abdominal pain ◊ familial medeternian fever
138. Patient complains of dyspnea, EF 47% - diagnosis ◊ Systolic dysfunction
139. Patient complain double vision. One week back eye trauma, o/e nasal boil, lateral rectus palsy, 3rd nerve palsy ◊ cavernous sinus thrombosis
140. Muscle weakness scenario. Potassium 2.4 mmol/l- familial periodic paralysis
141. Diagnosis of h pylori – C urea breath test
142. HSV ◊ recurrent genital lesions
143. Offensive diarrhea for 6 weeks ◊ Giardiasis
144. Drug that causes muscle weakness and pain ◊ SImvaStatin
145. k/c rheumatoid arthritis on DMARDs, now presented with abnormal LFTs ◊ methotrexate

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145. k/c rheumatoid arthritis on DMARDs, now presented with abnormal LFTs ◊ methotrexate
146. young lady, ask doctors to tell about medical cause of Fatigue ◊ review her medical records as soon as possible
147. Urinary hesitancy now presented with backache ◊ MRI spine
148. A pregnant lady, has blood pressure 150/90. Which drug can not be given to her ◊ enalpril
149. Diabetic patient develops HTN, and symptoms of intermittent claducation. Drug to be given ◊ ACE Inhibitors or CCB
150. Severe headache,in right side of temple. Ans high dose steroid plus temporal artery biopsy
151. k/c rheumatoid arthritis, now unable to walk, comb hair or rise from chair, o/e plantars are upgoing ◊ inv ◊ MRI cervical spine

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① urea breath test. -non invasive test for H pylori.

H pylori
Urea —urease.→ Ammonia + $CO_2$.

measured by urea breath test measures exhaled $CO_2$.

② Rapid urease Test = Invasive.

urease producing organisms = H pylori

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IE — Rifampicin is necessary to penetrate biofilm of prosthetic valve endo



52) Pt.has hemoptysis and cXR is normal..FBC normal.next to do is? ( Dnt remember exact senario)..help me in recalling it. Bronchoscopy Ct chest Sputum analysis Mediastinoscopy Clotting profile

53) Hcv positive pt.with ascites and abdominal pain..diagnostic tap showed 75% neutros..pt will benefit from Iv antibiotics Therapeutic tap Transjugular shunt..i hope this was the scenario

54) Patients ACTH levels raised and cortisol raised..low dose dexa dint supress but high fise dexa did suppression..next todo MRI pitutary.

Done

55) pt with h/o fever drenching night sweats n wt loss cxr normal does anyone remember? Brucellosis

56) Tdt positve and negitive etc Burkitt Mucoid fungoides Cll Lymphatic

57) Rabbit bite 1. Rabies immunoglobulin 2. Vaccine 3. IV antibiotic 4. Vaccine + immunoglobulin

58) Scenario on Wilson disease

59) Autoimmune hemolytic anemia with platelet count 60000, what is Dx? Evans syndrome

60) there was schedule of rabies vaccine asked I think 0 3 7 14 28 days

61) Pt.with smoking,htn and sudden onset abdominal pain..dnt remember exact senario..but it was i think Atherosclerotic aortic dissection

62) Pt having history of confusion loss of vibration sense absent ankle and extensor planters diagnostic investigation? B12

63) Diabtic with diarrhea Loperamide?

presubclavian coarctation → Radio radial delay.

64) Pt.with radio radial and radiofemoral delay..cause is Coarctation of aorta before origion of subclavian artery Descending aorta coarctation

65) Renal involvement , immunofluroscence shows igm , C3 deposition 1. Minimal change 2. Diabetic nephropathy 3. SLE 4. Cryoglobin

↑ RSGS → damage to podocytes

66) Patient with right hypochondrial pain of gradual onset,developed jaundice and fever..palpable mass in rt.hypo..dx. Choledochal cyst Biliray atresia Hydatid cyst Hepatic cyst Reidel lobe of liver

67) Pt with ho of rash and low plt investigation of choice

68) Patient has resp infecton n tk clarith for it Rti resolved then develop renal failure Ciclosporin toxicity CmV infection Acute rejection

neurogenic claudication

69) Smoker with 2 yrs gradual onset hx.of pain and stiffness in both legs when he walks for 10 min..his pain relieves wd rest..pulses palpable..dx. Spinal stenosis Peripheral vascular disease Disc prolapse

70) Alport syndrome wala senario kya tha? Family history of renal disorder and common in males? With lense dislocation,hearing loss?

71) smoker who had hemoptysis.and cxr showed left hemidiaphragm raised with left hilar enlargement.next to do Broncho Ct

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71) smoker who had hemoptysis.and cxr showed left hemidiaphragm raised with left hilar enlargement.next to do Broncho Ct chest Sputum analysis Mediastinoscopy

xanthoma

72) Pt.with HTN and had yellowish lesions on elbows..do Fasting lipid profile Skin biopsy

73) IE strep viridans , sensitivity to penicillin , but pat is allergic wat antibiotic to use 1. Ceftriaxone , 2. Vanco 3. Genta

74) Two weeks after delivery lady presented with unconciousness and rt sided weakness, o/e she can not move rt half of her body , rt plantar extensor, fundus ok , csf 1200 cells 60%polys what invest u do for diagnosis 1. Ct brain 2. Mrv 3. Mri with contrast 4. Csf analysis → ?? Diagnosis

75) Pt with ho of diarrhoea for last 10 yr now jaundice with pruritis alp increased/ama negative diagnosis? PSC → ASC & UC.
↳ U/S

76) Ho joint deformity with Charcot joint with decrease sensations and reflexes.DM

77) Pt with Graves opthalmoparhy drug of choice? Steroids

familial cause of renal Dx = Polycystic & Alport.

78) female with history of renal disease farher n uncle died of renal disease what to do? usg+?++

79) CRF pt.with 6 months tx of oral iron..now Hb 10.7.. what to do S/c erythropoitin S/c erythro plus iv iron Continue oral iron

80) Upper lobe fibrosis R.A Scleroderma Ankylosing spondylits

C3 ⊕

2g { G — M — Membranous
A — A — IgA Nephropathy
M — F — FSGS.

X

Revised by Dr. Iffat Hanif

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for CNS / ocular manifestations → cyclophosphamide, cyclosporin, infliximab.

81) Bechet disease off treatment 2 months , CNS symptoms , csf pic was normal sugar n proteins , 14 cells with 80% lymphos 1. Dexa 2. Acyclovir 3. Immunosuppressants 4. Rituximab

82) Steroid induced osteoporosis prophylaxis..... bhisphosphonates — alendronate, risedronate

83) Scenario on dermatomyositis

84) Fever with low TLC and relative bradycardia. Dx? Typhoid

85) Elderly lady presented with weakness in her lower limbs, difficulty to walk, she adds progressive bending of her spine over few years , brisk reflexes in lower limbs, planters extensors Wat investigation u will do 1. Syringlomylia 2. Cervical myelopathy

Mixed → Anti RNP.
Anti centromere = CREST.
SSA SSB Sjogren
Ro / La
Anti SCl 70 — Sys. Sclerosis

86) There was a senario of nephropathy in 15 yrs old boy..any one remembers? Minimal change Fsgs Membranousv

87) Chronic Hcv tx. Sofosbuvir plus daclatasvir IFN only IFN plus ribavirin

88) Pt.with dysphagia,blyish discoloration of fingers,telangiectasia and tightening of skin..test to do..dnt remember exctly it was a MCTD or S.S senario. Anticentromere Anti RNP Anti Ro Anti La (Crest Syndrome Anti Centromere)

89) Pt.after fever has low platelets and prolong APTt 76 and PT 35..cause DIC Hemophilia VWB disease

90) There was a baba who was on list for spinal anesthesia in uro..came to ER in retention..drug responsible was Ipratropium? — ??

91) Pt with sperm count of 1000, next investigation? — Normal sperm count = 15–200 million/ml

92) Pt.wth CCF..BAL done..it will show hemosiderin laden macrophages. Cilited epithelial cells

93) Pt.developed deranged RFts after ATT..dx. AIN ~~ATN~~ → Rifampicin.

94) Pt.with butterfly rash and arthralgias and renal involvement..suspected SLE..best test for dx. Renal biopsy Anti ds DNA Complement levels

95) Pt.with hemoptysis and purulent sputum for 3 months..cxr upper lobe consolidation Chronic bronchitis Pulm tb Copd Bronchiectasis Ca bronchus

Purulent sputum x 3 months. 2°

96) Pt.with 9 lac platelets..what to be done Exclude myelodysplasia Exclude other causes of thrombocystosis Jack 2 mutation BCR ABL → philadelphia ← CML ALL

Polycythemia

97) 3 wks after pregnancy,a girl developed one sided weakness..fundus normal..what to do.. MrV MRI with contrast Ct scanbrain → Diagnosis — ??

98) Young boy with recurrent jaundice with coca cola colured urine..dx. G6pd → Intravascular Hemolysis

NH

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PNH Malaria

Reviewed by: Dr. Iffat Hanif.

99) There was a senario of ITP in which the options were Prednisone followed by immediate spleenectomy Anti D Prednisone (There was no bleeding and no need of steroids just observe fortnightly platelet count)

100) Young boy with recurrent pain in finger p.smear shows Howeljowlly bodies with target cells..dx.is Heriditory spherocytosis Sickel cell

101) Lymphoma pt.with herpes zoster of S1 n S2.. took acyclovir for 3 days..no improvmnt..what to do Iv acyclovir plus steroides Acyclo plus lamivudine plus amantadine

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I/V Foscarnet

102) Pt.with lymphoma and cutanoues lesion having CD4 T cells,tdt negative and has circumferenitial appearance...i guess..dnt remember exactly..Dx. Mucosis fungoides Lymphblastic lymphoma Burkitts lymphoma HIV

103) senario of snakebite 12 hrs ago..now drooping eyelids,dysphagia..best tx.to save his life Antivenom

Adrenaline Mechanical Vent, ~~Decrease Analgesics~~ Empower CPSP with agenuine passing Criteria

104) There was a senario of aortic stenosis and its associtaion with..i guess Angiodysplasia? → Heydes Syndrome

105) precocious puberty senario..what to give Testosterone Estrogen Estrogen plus progesterone — GnRH Analogs — Leuprolide + progesterone.

106) Pt.with severe diarrhea,dehydrated..best fluid Normal saline Ringer lactate

Raynauds → Amlodipine — Nifedipine (CCB — 1st line).

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VT → VoT for Ami

for pulseless VT. 4

107) Pt.with vent tachy of 180/min.bp 90/60.tx.. Amiodarone 300mg Lidocaine synchronised DC

108) Pt.with on off hx.of dry cough that makes her wakeup at night occasionally,has occasional wheez..dx. Br.asthma

109) Female with family hx.of thrombosis..test to do Factor 11 Protein c,s and antithrombin 3 levels

most common hereditary thrombophilia = Factor V leidin Def.

110) Pt.s RBC have low lactate..deficient enzyme is LDH Pyruvate Hexokinase G6pd

111) Pt.with platelets of 45000.no epistacis and menorrhagia..next step Bone marrow Do plats every fortnightly Prednisone ?

112) Diabetic for 10 yrs with poor compliance came after 4 months for checkup..has marked glycusuria..test Hba1c Rbs Fructosamine

3 Months

113) Pt.on tx for heartfailure and taking simvastatin has bodyaches and muscle pain..do Cpk LFTs Musclebiopsy

114) A boy with short 4th metacarpel Pseudohypoparthyroid

115) Pt.with severe fapciparum malaria..pregnant..tx. Chloroquine Quinine Primaquine → Artemether lumafantrine is Best if given in option otherwise tick Quinine

Resistance is issue

116) Best test for pagets is ALP → markedly

117) Teacher with hearing loss gradually,ALP raised.. Pagets M.M → deafness, → Pagets.

118) One senario was carcinoid where patient had episodic flushing and diarrhea and we had to do HIAA as test..and other similar senario was of pheochromo.right?

119) Young pt.whose RFts deteriorated after lisinopril.baseline RFts were normal..renal artery stenosis?

120) Pt wid head injury n hyponat . Siadh,Dilutional hyponat

reviewed by: Dr. Iffat Hanif

121) Insecticide poisoning senario..ans Pralidoxime

High High

122) Pt.has polyuria with plasma osmolality 300,urine 304,after water deprivation urine is 330 and after desmopressin it is 327..cause is Psychogenic Central DI Nephrogenic DI

correct

→ nearest

123) 45 yrs old with 30 years hx of smoking developed DVT. hb 16.plats and wbc normal.cause of DVT is Primary PRV Secondary polycythemia

124) Young boy wth polyarthralgia,abdominal rash..HSP?

125) A senario of infective endo probably.( Fever and pata nahi kiya).where investigation to be done was TEE

126) Pt.with hemoptysis and renal involvment..test P anca? → churgg straus → P-ANCA
wegeners → C-ANCA
Good pasture → Microscopic Polyangiitis → PANCA

127) There was a senario of pancytopenia with no megaly.. Aplastic?

128) Pt.with HTN and D.M with proteins in urine + ,best drug Lisinopril Thiazide

129) Patient with ascites and bla bla.(kindly complete if anyone rememebers)dx.was SBP Liver abcess

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130) Pt.withankle edema and was taking many drugs..echo n cxr normal..drug causing edema was Amlodipine right?

131) Pt.of known ca.lung came wd unconsciousness..was given i.v saline..still drowsy, Na 128..what to give.. Steroides n normals saline
Fluid restriction

132) Senario of lymphoma where pt.got symptoms of tumor lysis syndrome..prevention cud be done wd Allopurinol?

133) 50 yrs lady with abdominal pain.constipation and bone aches,acute pancreatitis cause is Hypercalcemia Gallstones

134) Pregnant lady in 31 st week gestation had deranged LFTs..and RFts as well i guess..what was that? Acute fatty liver of prgnancy Hepatitis

135) A person got bitten by Rabbit,what step to take Active immunisation against rabbies Passive immunisation against rabbies Both active and passive immunisation Immunisation against tetanus Observe

Empower CPSP with a genuine passing criteria!
Raise your voice for your rights!

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*Pt with TLC 1900,platelet 6000,viral haemragic pic YELLOW PICTURE*
*Diabetic patient with Rhinosinu Mucor mycosis. Full Hx forgot.*
*Best treatment*
*1. IV amphotericin B*
*2. IV Amphotericin B with debridement*
*3. Fluconazole*
*Forgot others*
*Obese lady with recurrent UTI what will you do next*
*1. Urine R/E*
*2. FBS*
*3. HBA1C*
*4. USG abdomen*
*Forgot other one But CT and urine CS were not there*
*Painless loss of vision*
*Disc pale with blood less arterioles* → Retinal A obstruction.
*Diabetes with malaise,sweating and productive cough and chest pain for 2 weeks.*
*O/E upper lobe consolidation*
*Treatment*
*1. Only Isoniazid*
*2. Antiboitics*
*3. INH,Ethambutol and Rifampin 4. Steroids (i think)*
*Patient with AIDS with CD4 count 50. (Full HX was given but I forgot).*
*Most common organism causing meningitis*
*1. Cryptococcal*
*2. CMV*
*3. Toxoplasmosis*
*4. Staph Areus*
*Few drops of blood at the end of micturition.wat Ix is best*
*Cystoscopy*
*IVU*
*Renal biopsy*
*Young boy with Cough,fever and recurrent hematuria.*
*Forgot full Hx.*
*Dianosis*
*1. CSS*
*2. Alport* — deafness + lens dislocation
*3. WG*
*Lady with SOB and on OCPs. Forgot full HX. Tachypnic and tachaycardic.* — PE.

- Empower CPSP with a Genuine Passing Criteria
- Raise your voice for your Rights
- CPSP has the worst passing criteria when compared to other

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weeks.
O/E upper lobe consolidation
Treatment
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Forgot full Hx.
Dianosis
1. CSS
2. Alport — deafness + lens dislocation
3. WG
Lady with SOB and on OCPs. Forgot full HX. Tachypnic and tachaycardic. — PE.
Most common finding in ECG.
full HX and full labs but i think it was PE.
99.sexually active young male acute pain right knee joint.had same episode last year.TLC 14000.Joint space normal..joint aspirate cell count 50,000. — Gonococcus, ~~Reiters~~ Reactive
100.50yr lady with acute knee joint pain,uric acid 6.8..TLC 20,000 joint aspirate cell count 30,000.
Gout,gonnococcal,non gonnococcal,reaticve.
Patient with fever and headache and malaise.
CBC hows HB 10,TLC 12000 and platelets 150000. His APTT was 50. Forgot full HX.
Diagnosis
1. ITP
2. TTP
3. HUS 4. DIC
Full HX of isolated pulmonary nodule 1.5 cm in size and popcorn like appearance. — Benign
Most appropriate step
1. Compare with previous Xray
2. Urgent Bronchoscopy
3. Biopsy — for Malignant nodules.

→ size > 3 cm = to be considered Malignant until proven otherwise.

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- CPSP has the worst passing criteria when compared to other international exams -

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4. CT chest
Patient with CLL on remission by treatment (given in Hx) presented with signs and symptoms of anemia (given in Hx).
US shows massive Splenomegaly.
HB 8( some value like this), Low platelets and WBS 50000(value like this),
P- smear show Spherocytes and polychromsia.
Retic was raised . MCV was also raised(values given in Hx).
Cause of anemia
1. HS 2. Autoimmune Hemolytic anemia
3. Hypersplenism
Patient with hearing deafness,lenticular (some problem), lens dislocation and renal dysfunction. Forgot full HX and options but i think it was Alport
old male patient with jaundice,fever and right HC pain.
US or CT abdomen showing some intra Hepatic abnormalities (I forgot full HX).
But i think it was PSC
Hyponatremia in patient with head trauma (closed trauma was mentioned).
Na 131 (some value like this).
Investigation of choice
1. Serum and urinary Osmolality
2. Xray pituitary (Not MRI)
3. Urinary Na 4. Serum Osmolality
Patinet with Chest pain and ECG shows ST segment depression.
Treatment
1. LMW heparin
2. Unfractionated Heparin
Whats not common in waldenstorm Macroglobineia
Sohail Khan Many of the mcqs posted here are from imm q bank,means even imm mcqs are worth value in part 2
intermediate module page
Patient with full HX(I forgot) with dysphagia and barium shows birds beak

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*Hyponatremia in patient with head trauma (closed trauma was mentioned).*
*Na 131 (some value like this).*
*Investigation of choice*
*1. Serum and urinary Osmolality* ✓
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*intermediate module page*
*Patient with full HX(I forgot) with dysphagia and barium shows birds beak appearance.*
*Next most appropriate investigation* Achalasia – Manometry
*1. Manometry* ✓
*2. 24 hour PH*
*3. Motility studies*
*4. Endoscopy*
*Patient with three days hx of high fever with rigors and took Amodiquine but no response. Was in coma.*
*[illegible] supple. No rashes.*
*I forgot others.*
*Treatment*
*1. IV quinine* ✓→ check
*2. IV Ceftriaxone 3. IV benzyle penicillin*
*4. IV antifungal*
*Lady after tooth extraction with bleeding. BT 12 minutes.*
*APTT raised. Forgot others*
*Diagnosis*
*1. Van Willibrand's* ✓✓
*2. Hemophilia*
*3. DIC*
*Player in sports (forgot whether foot ball etc) became unconcious. His friend tells he was having DM.*
*Forgot full HX.*
*Diagnosis*
*1. Hyperglycemia*
*2. Hypoglycemia* ✓
*Forgot other options*
*with all labs normal including Alkaline phosphatase,But Calcium was low.*

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DEXA scan showed Decreased bone density – osteoporosis
Treatment
1. Bisphosphonate # 1 for osteoporosis 2° steroids
2. Calclium and Vit D supplements # 1 for osteoporosis
3. Calcium supplements

↓ verteloral #
# ~~1 Bisphosphonate~~
# 1 Vitamin D
# 2 Bisphosphonate
Ca = X, ↑ Coronary events

16 years young boy with ataxia,limbs strange movements(Names given but i forgot) with no family hx of such disorder. Other features were there but i forgot.
Diagnosis
1. Friedrich's ataxia
heriditry spastic paraplegia

Patient with severe retrosternal chest pain and choking sensation for one hour. BP was 100/70. Tachaycardic.
ECG showed ST segment depression.
Diagnosis
1. Aortic rupture
2. MI ✓— ? Check
3. Acute pericarditis

Young school teacher lady with unconscious and O/E Upgoing planters,dilated pupils with sluggish response to light.
Tachaycardia was not mentioned.
Rest was straight forward TCA

Patient with arthritis of right knee and left ankle .
O/E effusion of right knee.
Aspirated and show WBCs 100 and crystals which are positive for Bifreingent.
Diagnosis
1. Gout
2. Hemochromatosis
3. Reactive arthritis

pseudogout-knee = Most commonly affected.
Causes of pseudogout = Age, trauma, Hemochromatosis, Hyperparathyroidism

Normal C-Peptide:-
[0.8 – 4 ng/ml
[0.27 – 1.33 nmol/L

Patient with arthritis and malaise etc . Was on trip to US (some northern areas was mentioned ). On further questioning he recalles of some rash with central clearing. — E. Migrans
This was straight forward Lyme disease.

Patient with anemia and Splenomegaly. HB low. Forgot full HX.
Diagnosis
1. HS
2. Thalassemia

Mg = Intracellular cation – More than 95% is Intracellular
Mg regulated PTH →
Mg & Ca = Friends -
– Normal Mg = [1.8 – 3 mg/dL
[0.75 – 1.25

Msqs ,, February 2016 ,,
Superior venacavl obstruction ,, Rx radiotherapy , steroids ,
Lyme disesae caused byspirochete , Borreliq Burgdorferi ,
Pheochromcytoma , during operation control b.p with nitroprusside ,, — ??
Yellow nail two msqs ,, — ??.
Pregnancy safe drug cabazipine

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Pheochromcytoma , during operation control b.p with nitroprusside ,, — ??
Yeaow nail two msqs ,, — ??.
Hemocystinuria ,, DVT , Pregnancy safe drug cabazipine me
Most common factor deficiency , factor 5 , Leiden Def
High saag low protein , portal vein thrombosis
Trmor disappear in sleep , Parkinson
H, pylori , gastric carcinoma ,
Roofer on x ray plaque , asbestose Gbs ,, ncs , GF DMR.
Pain in malignancy , morphine
Pruritis with raise alk po4 ,, antimitochond antibody — PBC.
Obese female with rhc tenderness , cholecyst itis.
Vertigo , increase blood pressure , old age , cause is diuretic
February 2016 msqs .. — Macrolids ne inhibitors
Theophyline plus erythromycin ... Arrhythmias ,,
MDS in bone marrow ,,, ring sidroblasts
Type1 DM ,,, drug acei
Rash plus arth ,,, gonococcemia
Ischaemic heart disease with AF now with deranged tfts cause ,,, amiodarone
Resistant tb , att for 18 months or 2 yrs.
Thin vermis cause ,, alcohol ??

Hyperparathyroidism

Mg = Intracellular cation — More than 95% is intracellular
Mg regulated PTH →
Mg & Ca = Friends -
— Normal Mg = [1.8-3 mg/dL, 0.75-1.25 mmol/L]

Phenytoin
Phenobarb.

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*HHS , 4 litre n,saline given still sodium 160 ,, give 0.5 saline*
*Na , 118 , give 1.8 % n,saline*
*Alpha one antitrypsine deficiency ,, type of emphysema ,,, panacinar*
*Tinea corpora skin , treatment is ketocona Hep B prick in non immune ,,*
*give immunoglobulin plus vaccine*
*4th yr student , now restless cause is amphetamine*
*young lady presented with acute ischemic stroke.She is febrile,clubbed and has palpable spleen.Echo confirms small vegetations over mitral valves.Ct brain shows large ischemic stroke.How will you manage her stroke.*
*1.Start Heparin*
*2.Thrombolyse*
*3.Aspirin*
*4.Aspirin plus heparin 5.Do nothing for stroke*
*The differential diagnosis of an isolated unconjugated (indirect) hyperbilirubinemia is limited. In a patient with isolated unconjugated hyperbilirubinemia, which of these historic findings would be unlikely?*
*A. Calcium bilirubinate gallstones*
*B. Cryoglobulinemia C. History of gout*
*D. Spherocytosis*
*E. Recurrent long-bone pain crises*
*Obese man with sleep apnea and severe respiratory distress and hypercapnea next step?*
*A. Endotracheal intubation*
*B. Positive mechanical ventilation at peep 10*
*C. Oxygen 100%*
*D. Inhaler B2 agonist*
*Patient with Tuberculuos pericarditis. Select best answer*
*1. INH,Rifampin,Ethambutol,PZ*
*2. INH,Rifampin,Ethambutol*
*3. INH,Rifampin,PZ*
*4. INH,Rifampin*
*A 60 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic hematuria. Serum complement levels are decreased and she is positive for anti-hepatitis C antibodies. The likely diagnosis is :*
*A. PSGN*

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*Obese man with sleep apnea and severe respiratory distress and hypercapnea*
*next step?*
*A. Endotracheal intubation*
*B. Positive mechanical ventilation at peep 10*
*C. Oxygen 100%*
*D. Inhaler B2 agonist*
*Patient with Tuberculuos pericarditis. Select best answer*
*1. INH,Rifampin,Ethambutol,PZ*
*2. INH,Rifampin,Ethambutol*
*3. INH,Rifampin,PZ*
*4. INH,Rifampin*
*A 60 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic hematuria. Serum complement levels are decreased and she is positive for anti-hepatitis C antibodies. The likely diagnosis is :*
*A. PSGN*
*B. Essential mixed cryoglobulinemia*
*C. Membrano proliferative glomerulonephritis D. Focal segmental glomerulosclerosis*
*Apreviously healthy 26-year-old man presents with a 3-week history of abdominal pain and arthralgias. On physical examination, hypertension and palpable purpura of the lower extremities are found. Urinalysis shows hematuria. What is the most likely diagnosis?*
*a. Henoch-Schönlein purpura b. Cryoglobulinemia, c. Hypocomplementemic vasculitis, d. Rheumatoid vasculitis e. Systemic lupus erythematosus*
*Primary hyperparathyroidism may occur in association with the following conditions:*
*1) Chronic renal failure, 2) Vitamin D deficiency, 3) Gastrinoma, 4) Autoimmune polyendocrine syndrome 5) Sjogren's syndrome*
*MRCP pastest.. Mcq s*
*Patient presents with Malaria Infection develops rash at the angle of mouth, related complication he can develop*
*1. Black Water Fever, 2. Cerebral Malaria, 3. Meningiti, 4. Myocarditi, 5. P.gangrenosum*
*Commonest bug to cause sepsis in asplenic patients...*
*1. N.meningitidis, 2. Stept pneumoniae, 3. H influenzae type B, 4. P.falciparum*

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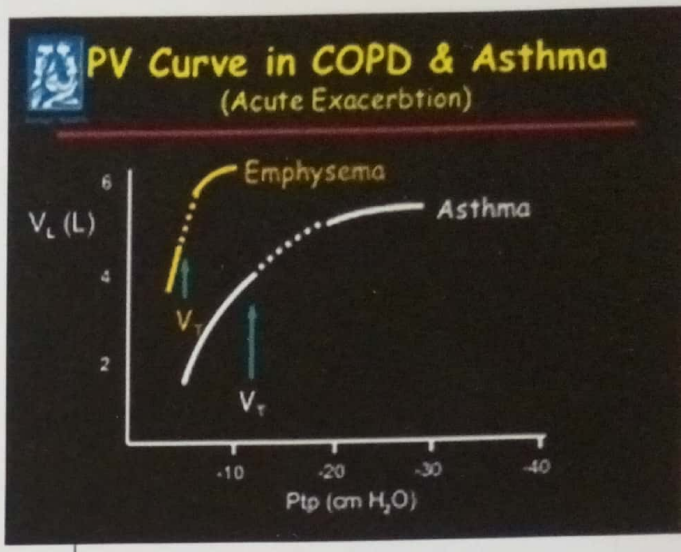
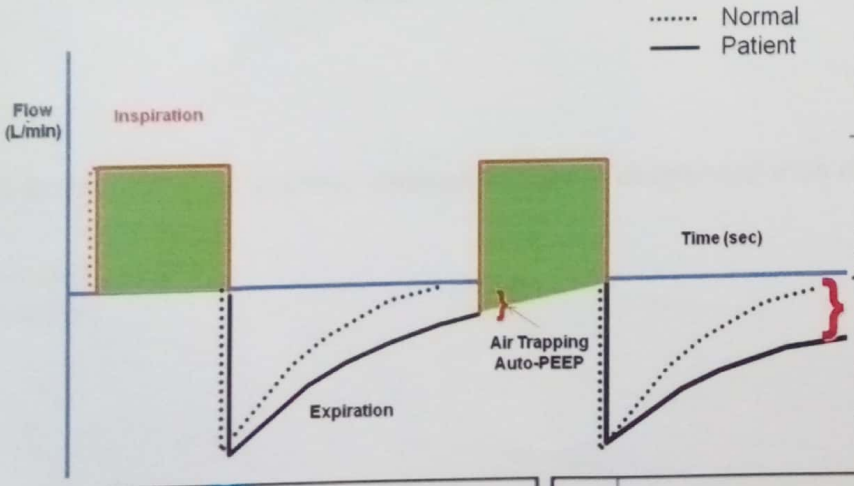
## Initial Ventilator Settings

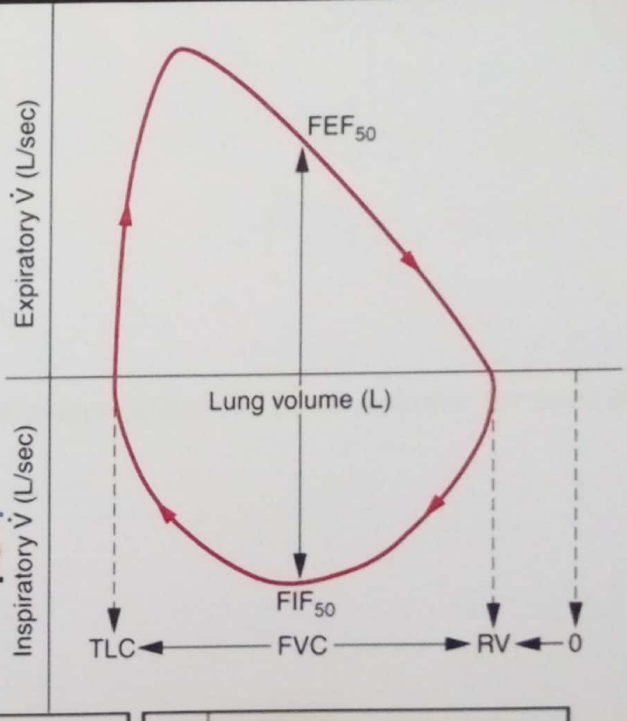
| | Tidal Volume | RR | I:E Ratio | PEEP | $FiO_2$ |
|---|---|---|---|---|---|
| Normal lungs | 8 mL/kg | 10–12 | 1:2 | 4 | 1.0 |
| Asthma/COPD | 6 mL/kg | 5–8 | 1:4 | 4 | 1.0 |
| ARDS | 6 mL/kg | 10–12 | 1:2 | 4–15 | 1.0 |
| Hypovolemia | 6 mL/kg | 10–12 | 1:2 | 0–4 | 1.0 |

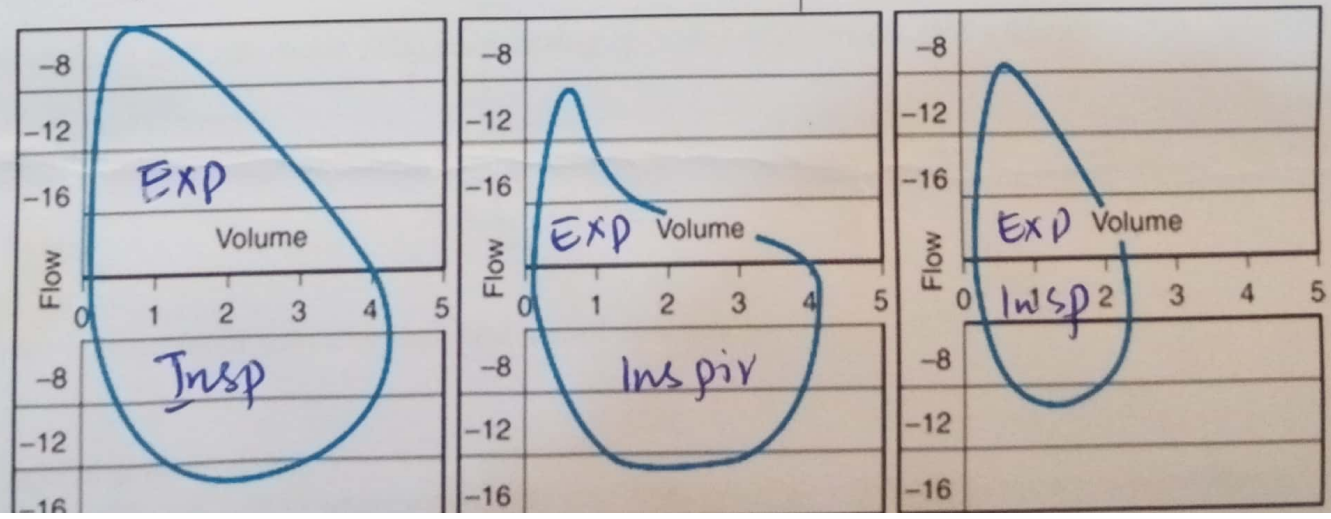
*Abbreviations:* ARDS, acute respiratory distress syndrome; COPD, chronic obstructive pulmonary disease; I:E, inspiratory to expiratory; PEEP, positive end-expiratory pressure; RR, respiratory rate.




## Air Trapping

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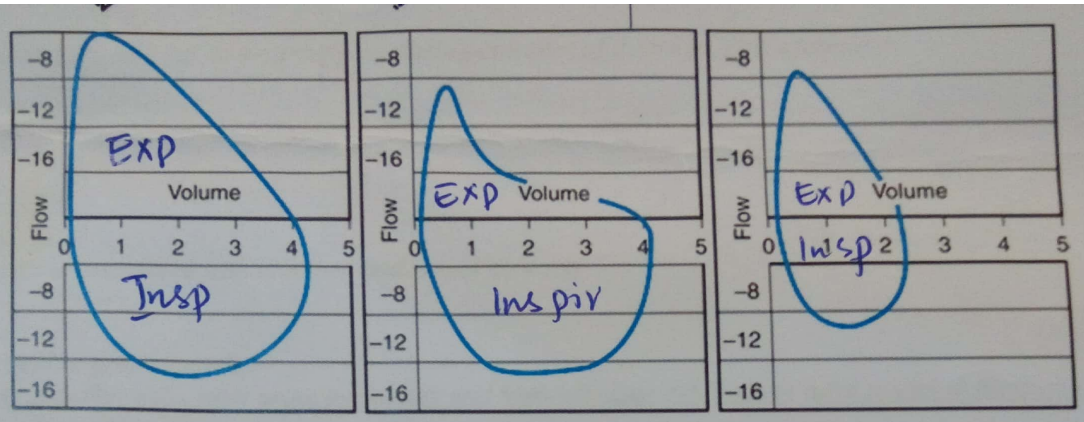
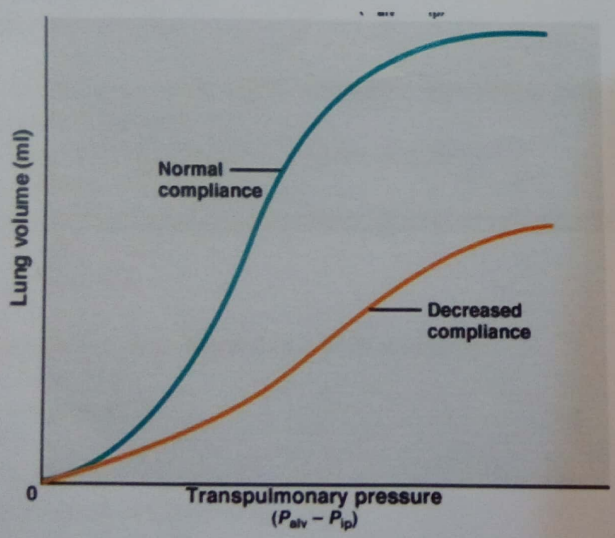
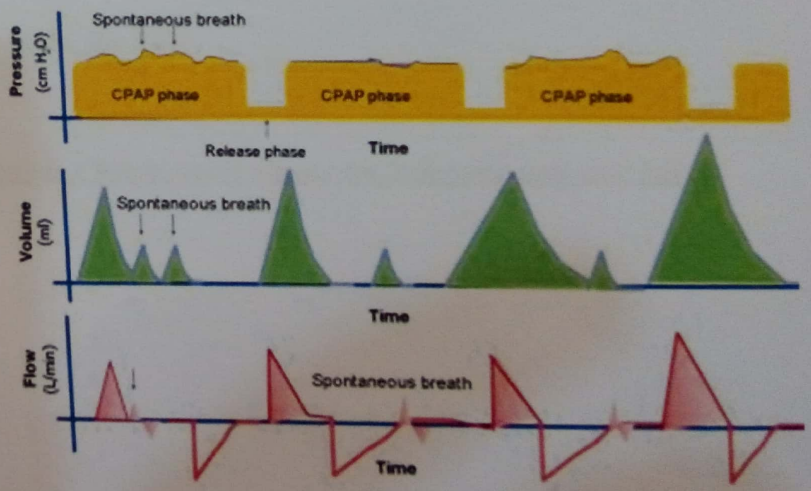



APRV

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***Dr Ibrahim***
***Fcps medicine part 2 mcqs***

***August 2016 MCQ....***

***In severe asthma, ventilatory settings not recommended is:***

*1.increase in minute ventilation*
*2.decrease tidal volume*
*3.increase in resp rate*
*4.prolong expiratory flow rate*
*5.Shorten inspiratory flow rate*

***Patient with Left hemiparesis and right Ptosis. Diagnosis***
*1. Vertebal artery stroke*
*2. PICA stroke*
*3. AICA stroke*
*4. PACA stroke*
*5. Basilar Artery*

***Patient who is known coronary artery disease patient is diagnosed with diabetes. What will be the choice for controlling his diabetes?***
*Short acting insulin*
*Long acting insulin*
*Sulfonylurea*
*Biaguinide*

***Patient with Right knee joint and left Ankle joint pain during episodes of diarrhea. O/E afebrile***
*Diagnosis*
*1. UC*
*2. Crohn's*
*3. RA*
***4. Whipple***
***5. Reactive Arthritis***
*Note: Reactive Arthritis is associated with diarrhea and sexual contacts*

***High dose ascarbic acid to prevent cold..***
***(note: with high dose ascarbic acid, high urine osmolatity and high/alkaline pH leads to false negative dipstick results of glucose at [illegible] levels )***
*1.false urine bilirubin*
*2.false urine glucose.*
***3.high urine gravity***

***Patient with gout on NSAIDS presented with severe pain left ankle. His RFTs***

Scanned by CamScanner

***Patient with Right knee joint and left Ankle joint pain during episodes of diarrhea. O/E afebrile***

*Diagnosis*

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*2. Crohn's*

*3. RA*

***4. Whipple***

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*Note: Reactive Arthritis is associated with diarrhea and sexual contacts*

***High dose ascarbic acid to prevent cold..***

***(note: with high dose ascarbic acid, high urine osmolatity and high/alkaline pH leads to false negative dipstick results of glucose at [redacted] levels )***

*1:false urine bilirubin*

*2.false urine glucose.*

***3.high urine gravity***

***Patient with gout on NSAIDS presented with severe pain left ankle. His RFTs abnormal. Treatment***

*1. Allopurinol (Not suitable for acute attack)*

*2. Colchicine*

***3. Steroids (for acute gout treatment is oral nsaids or oral steroids. Cholchicine is alternative (reference upto date 2018)***

*4. NSAIDS*

*Forgot other one*

***IE prophylaxis is indicated in which scenario***

*1. Primum ASD*

*2. Secundum ASD*

*3. MVP*

*4. HOCM*

***5. After Surgical Closure of VSD***

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***50 years old patient worker in Felt Hat factory (textile) presented with some polyneuropathy and vibration and position sense were lost. Which toxin is most likely***

*1. Lead*

***2. Mercury(Mercury attacks the central nervous system, and its vapor is readily absorbed in the brain)***

*3. Organophosphate*

*4. Magnesium*

***years girl from Afghanistan with repeated blood transfusions in the past. O/E Hepatosplenomegaly.***
***Labs : HB 5.6, normochromic normocytic anaemia.***

*Diagnosis*

***1. HS***

*2. Thalassemia major*

*3. Thalassemia intermedia (thalassemia causes microcytic anemia)*

*4. Thalassemia minor*

***Clinical findings n associated with waldenstorm (IgM positive) macroglbulinemia***

*a)Hyperviscosity*

*b)Hepatosplenomegaly*

*c)Lymphadenopathy*

: features of macroglobulinemia include: weakness - 66%, Anorexia - 25%, Peripheral neuropathy - 24%, Weight loss - 17%, Fever - 15%, Raynaud phenomenon is due to cryoglobulinemia. Infiltration of the central nervous system by the malignant clone can cause a syndrome of confusion, memory loss, disorientation, and motor abnormalities called the Bing-Neel syndrome. Symptoms due to hyperviscosity syndrome, which can be life threatening, include Bleeding, Dizziness, Headache, Blurry vision, Hearing or visual problems.
Hepatomegaly - 20%, Splenomegaly - 19%, Lymphadenopathy - 15%, Purpura - 9%, Hemorrhagic manifestations - 7%, Papilledema

***Patient with thyroid crises.***

*Best treatment*

*1. Beta blockers and Prophylthiouracil*

*2. Beta blockers and Carbimazole and steroids(note: carbimazole is not preferred in thyroid storm)*

***3. Beta blockers and porphylthoiuracil and Steroids***

*4. Beta blockers and steroids Forgot other one*

***Patient on HAART presented with renal Colic. XRay KUB showed radiolucent shadow. Which stone composition is there***

*1. Ca oxalate,**[C3T= Radioopaque]***

*2. Ca phosphate*

*3. Cystine (sulphur)*

*4. Triple phosphate*

***5. Uric Acid [LUX: Lucent = Uric acid and Xanthine]***

*(note: protease inhibitor like indinair cause radio lucent stones)*

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Fever - 15%, Raynaud phenomenon is due to cryoglobulinemia. Infiltration of the central nervous system by the malignant clone can cause a syndrome of confusion, memory loss, disorientation, and motor abnormalities called the Bing-Neel syndrome. Symptoms due to hyperviscosity syndrome, which can be life threatening, include Bleeding, Dizziness, Headache, Blurry vision, Hearing or visual problems.
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*4. Triple phosphate*
***5. Uric Acid [LUX: Lucent = Uric acid and Xanthine]***
*(note: protease inhibitor like indinair cause radio lucent stones)*

***Regarding IV fluids.***
*1.hypertonic saline*
*2.normal saline*
*3.half saline.*
*4.dextrose*

***A.Head injury patient.sodium is 118. Give hypertonic saline***

***B.HONK.sodium is 155.give half saline***

*(note:* Sodium concentration of common fluids (per liter): normal saline (0.9%) - 154 mEq/L; lactated Ringer solution - 130 mEq/L; half-normal saline (0.45%) - 77 mEq/L; dextrose 5% in water - 0 mEq/L; enteral water - 0 mEq/L*)*

***Pt with gastric surgery for peptic ulcer now present with weakness low body, which is cause due***

*1.hypoglycemia*

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*2.hyperglysemia*
*I think it was about dumping syndrome*
*(note:* **Intrinsic factor** (IF), also known as **gastric intrinsic factor**(GIF), is **produced** by the parietal cells of the **stomach**. It is necessary for the absorption of vitamin B12 later on in the ileum of the small intestine. Loss of IF after gastric surgery leads to b 12 deficiency and peripheral neuropathy

***Diabetic patient with Ptosis. O/E Pupils normal with normal response to light.***
*1. Weber*
***2. Partial 3rd nerve palsy***

***A young lady with type 1diabetes for ten years.On enalapril.well control diabetes.But persistent microalbuminuria..current urine albumin is 150mg.she came to you for opinion regarding pregnancy.***
*1.Enalapril is safe in 1st trimester.(* Evidence of whether ACEIs cause problems during the first trimester of pregnancy is reassuring. There is evidence that they cause severe renal (oligohydramnios) and other problems during the second and third trimesters, however.*)*
*2.Enalapril should be replaced with* Aliskiren (direct renin inhibitors)
*3.It will have no effect on her disease condition*
*4.It will hasten the progression of her disease*
*5.It will get worse but will reverse after pregnancy*

***a young man with history of joint swelling aspirate count is 50000***
***Gonococcal arthritis(eg of septic arthritis with wbc 50000-1 lac. This is young male)***
*non gonococcal*
***uric acid (inflammatory arthritis RA and gout WBC 2000-75000. Gout common age is 40-50s)***
*osteoarthritis (non inflammatory arthritis ... wbc less than 2000)*
*septic arthritis (wbc > 1 lac)*

**Table 3. Examination Of Synovial Fluid.**

| | Normal | Noninflammatory | Inflammatory | Septic |
|---|---|---|---|---|
| Clarity | Transparent | Transparent | Cloudy | Cloudy |
| Color | Clear | Yellow | Yellow | Yellow |
| WBC/mL | <200 | <200-2000 | 200-50,000 | >50,000 |
| PMNs (%) | <25% | <25% | >50% | >50% |
| Culture | Negative | Negative | Negative | >50% positive |
| Crystals | None | None | Multiple or none | None |
| Associated conditions | — | Osteoarthritis, trauma | Gout, pseudogout, spondyloarthropathies, rheumatoid arthritis, Lyme disease, systemic lupus erythematosus | Nongonococcal or gonococcal septic arthritis |

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*septic arthritis (wbc > 1 lac)*

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***betic lady who had forearm abscess... they asked about empirical treatment***

*a)cloxacillin*
*b)cloxacillin and gentamicin*
*c)amoxicillin*

Dr. Nasreen
Dr. Hathim

*A lady operated for some esophagus pathology~~(or smthing else wrong)~~ was on total parenteral nutrition.She develops aches and pains in lower half of body and both legs..way is the reason*
*hypokalemia*
*hypocalcemia*
*hypoglycemia.*

ICU / GIT

*Young lady was donating blood and she says that she got HB vaccination two years back.*
*What finding will be there in her labs*
*1. HBsAg + and HBc antibodies +*
*2. HBsAg + and HBc antibodies-*
*3. HBsAg - and HBc antibodies +*
*4. HBsAg - ,HBc antibodies- and HBs Antibodies- 5. HBsAg -, HBc antibodies*

Anti Hbs ⊕ with Anti Hbc ⊕ = past
Anti Hbs ⊕ without Anti Hbc = vaccine.

HBs Ag ⊕ → Current infection
HBs Ag ⊕ ⊖ ; Anti Hbc ⊕ ; Anti Hbs ⊕ or ⊖ → Past infection
HBs Ag ⊖ ; Anti Hbc ⊖ & Anti Hbs (must ⊕) → vaccination.

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Best Initial & Best Invest for Aortic Dissection. 4

- and HBs antibodies +
Patient with immunomodulators for RA present with disturbing dry cough and SOB. (Forgot full HX).
CXR show B/L symmetrical shadows.
I think it was PCP
Patient with full HX( I forgot) with chest pain that was excruciating in nature. BP was sky high(given in some 200/110). Hx was like Aortic rupture.
Most appropriate investigation.
1. CXR
2. MRI thorax
Forgot others but answer in these two

Aortic dissection pain is Anterior chest ~~pain~~ or b/w scapule. ↓ descending Aorta. (ascending aorta.)

Investigation of choice for Acute ~~chest~~ aortic dissection is CT Chest + Abd.

For Chronic Aortic Dissection → Investigation of choice = MRI.

Labour Patient with CNS symptoms.fever,significant weight loss. Neck stiffness was there. No papilledema.
Hx was of 2 weeks. No chest symptoms.
Forgot full HX.
CXR was normal.
CSF: Cells 100
Lymphocytes 80%, Sugar 40, Protiens 60, RBS was not given, ESR was raised i think 45 or something
Diagnosis ... TB

A diabetic, admitted with acute MI.He was on a sulfonylurea..well control.HBA1c is 6.8 i think.Creatinine is 4.5.Now what should his diabetes be managed

Strict glycemic control during acute MI Improves outcome

Diabetic & MI & Cr = 4.5.

1.continue with the same sulfonylurea
2.insulin plus glucose
3.pioglitazone
4.metformin.

CMDT – 484.

Bp 70/50.pulse 100.cvp 2cm water.lactate 30 .(9-16 normal)cardiac output 1.9

Cardiac Index (2.2 L/min/m²) = Cardiac Shock.

Cardiac Index = Cardiac output / BSA.

Septic shock
hypovolumic shock → low CI & low CVP (Lt Atrial Prs)
cardiogenic shock → low CI & High CVP (Lt atrial prs)

Normal cardiac index = 2.5–4 L/min/m²

A lady diabetic, on regular insulin and NPH, with good control of diabetes.She is strictly adherent to dietary advice and exercise.but her early morning sugar remains high.blood sugar level chart was given.At 2 pm 90.at 8 pm ?115.dt 8am 215.What strategy you will tell her.

— Dawn phenomene.

Dawn phenomene.

1.Decrease the evening dose of NPH — somogi effect
2.Increase the evening dose of NPH — pawn phellomene.
3.continue with same doses and eat a sugar snack at 3am. 4.continue with same doses but eat a sugar meal at bed time..kuch is tarah ki options thi

Normal cardiac output = 5 L/min.

Scanned by CamScanner

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Pregnant lady with chest pain and SOB (forgot rest).
O/E Pedal edema and tender liver . ECG RAD.
Forgot full hx and labs.
I think it was Pulmonary stenosis

Q no1. Which of the following hormones are released from the anterior pituitary?
Prolactin b) ADH C) TSH C) Oxytocin

A young lady with mass on USG in liver
HCC
nodular hyperplasia
hemangioma
cyst
hepatocellular adenoma

Patient on MDR therapy develops skin tanning
BP 100/70
No postural drop
Young lady husband died 2 days ago presented with decreased thirst, Polyuria

acute MI
Improves outcome

CMDT – 484.

cardiac Index < 2.2 L/min/m² = Cardiac shock.

Cardiac Index = cardiac output / BSA.

Normal cardiac Index = 2.5–4 L/min/m²

Normal cardiac output = 5 L/min.

Dawn phenomene.
Somogi effect
Dawn phenomene.

Pul A HTN
Cardiomyopathy
Rt Atrial pr.

CO = SV x HR

Normal CVP = 0–5 cm H2O.

Ant pit
GH, ACTH, TSH
FSH, LH, PRL

Post Pit.
ADH
Oxytocin

CVP > 12 cm H2O = Hypervolemic or cardiac failure.

Normal PCWP → 4–12 mm Hg.
PCWP > 18 mm Hg.
= Lt Heart failure

Pul A pr
Sys = 20–30 mm Hg
Diastol – 8–12 "
Mean = 25 mm Hg

Cardiogenic Shock
BP < 90 mm Hg
CI = < 2.2 L/min/m²
PCWP > 15 mm Hg

Scanned by CamScanner

Oligoclonal bands in CSF but not in serum = MS.



Reviewed by Dr Iffat Hanif.

*forgot rest. What will you do*
*1. RBS*
*2. Urinary Na*
*3. Serum and Urine Osmolality simultaneously*
*4. Urine Osmolality*
*50 years lady of 2 kids with LBP severe in nature and lower limbs weakness. O/E power was low in lower limbs(i think 4/5 but i forgot.*
*Her Calcium was (3.2), Alkaline phosphatase was raised and phosphate (i forgot).*
*Most likely diagnosis*
*1. MM*
*2. Osteoporosis 3. Mets from breast*
*4. Spinal stenosis*
*I forgot 5th one*
*sacroiliatis and patient feels very pain on flexion and on rotation (like fracture). Forgot full Hx.*
*Best treatment*
*some orthopedic options I forgot all*
*70yrs lady with above hx.compared to previous xrays, the disease has progressed.now she is in pain with above posture..wat to do.*
*MRI spine*
*Ref to rheumatologist for med mx*
*ref to ortho for total hip replacement.*
*A patient being treated for drug resistant TB.He developed pigmentation of skin.cause*
*Anderson disease.*
*Tb drugs*
*hemochromatosis*
*Pregny lady in 3rd trimester with signs and symptoms of anemia (Given in Hx). Labs show HB 6.5(some value like this), normocytic normochromic anemia with few target cells.*
*Diagnosis*
*1. Thalassemia intermedia*
*2. ~~IDA~~ Iron Def. Anemia*
*3. Folic acid deficinecy 4. Vit B 12 deficinecy*
*Forgot other option*
*Patient with right Ptosis and normal pupil with normal reaction to light.*
*Diagnosis*
*Partial 3rd nerve palsy*
*Forgot other options*
*Coumarin induced skin necrosis occurs in*
*protein c def*

Pagets → Deafness, High output failure
↑↑ Alk phosphatase
↑ Hydroxyproline in urine

Osteoporosis - Normal Ca, $PO_4$, Alk Phos.
↓ bone Density

Osteomalacia - ↓ Ca & $PO_4$, ↑ Alk Phos.

MM — ↑ Ca, Normal $PO_4$.

Ca =
$PO_4$ =
Alk phos =

AS → [Best initial Rx = NSAIDs. swimming also good

↳ clofazimine → skin pigmentation

→ glycogen storage disorder

↳ Thalassemia ← Tear drop + target cells
myelofibrosis — Tear drops cells.

Join us
contact
0346-4455
-666

Warfarin inhibits — 2, 7, 9, 10, Protein C & S — Protein C $t_{1/2}$ = 6 hours

Scanned by CamScanner

MRI spine
Ref to rheumatologist for med mx
ref to ortho for total hip replacement.
A patient being treated for drug resistant TB.He developed pigmentation of skin.cause
Anderson disease
Tb drugs → clofazimine → skin pigmentation
hemochromatosis → glycogen storage disorder
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normocytic normochromic anemia with few target cells.
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Forgot other option
Patient with right Ptosis and normal pupil with normal reaction to light.
Diagnosis
Partial 3rd nerve palsy
Forgot other options
Coumarin induced skin necrosis occurs in
protein c def
antithrombin III def
dysfibrinogma
factor v def
Patient with biopsy proven Ca esophagus now planning for Surgery. Most appropriate step
1. CT thorax → CT thorax IAnd ± PET CT ± laproscopy.
2. CBC
3. CXR
4 MRI — ~~not~~
30 years sexually active man with right knee pain. O/E no signs of inflammation but having effusion. Aspirated showing WBC 30000 and .( no rashes were mentioned)
Diagnosis
1. Reactive arthritis
2. Gonococcal arthritis
3. OA 4. Gout
↓
non Inflam WBC < 2000
↳ Inflam – 2000 – 50000.

$PO_4$ ↑
Alkphos ↑

contact
0346-4455
-666

Thalassemia → Tear drop + target cells
myelofibrosis – Tear drops cells.

Warfain inhibits – 2, 7, 9, 10, Protein C & S – Protein C $t_{1/2}$ = 6 hours
Warfain → skin necrosis 2° protein C Def.
cellulitis 2° ca Deposition in BV.

Tear drop
1. myelofibrosis
2. Thalassemia

Target cells
1. – Thalassemia
2. – post splenectomy
3. – SCA.
4. – Hb H, Hb C.
5. Iron Def Anemia

Scanned by CamScanner

III palsy < with contralateral Hemiplegia (Corticospinal T) → Weber
< with contralateral ataxia / Tremor (Cerebellum) – Benedikt

Benedikts → paramedian Br of

6

*40 years old Patient smoker with Cough,Dyspnea and LOw BP low pulse. (Forgot other HX).*
*ABGs show PCO2 55, PH 7.25, Bicarbonate 12,Cl 112. Na 131.*
*Diagnosis*
*1. Respiratory acidosis with metabolic alkalosis*
*2. Respiratory acidosis with metabolic acidosis*
*3. Respiratory alkalosis with metabolic acidosis 4. Respiratory acidosis with respiratory alkalosis*
*Patints with Chest pain ,raised JVP and B/L wheezes on chest exam,pedal edema and Tachaycardia with irregular pulse. ECG shows Multifocal PACs etc . On ACEI, aspirin and statin. BP was normal. Deranged RFTs.*
*Most appropriate treatment*
*1. Atenolol*
*2. Diltiazem*
*3. Verapamil*
*4. Prazocine*

} cardiology

PCB – Pakistan Cricket Board

PH say – Acidosis
↑ $CO_2$ says – Resp. Acidosis
↓ Bicarb say – Acidosis

Bicarb & Co2 are in opp Dir
= Mixed

*lady diabetic, on regular insulin and NPH, with good control of diabetes.She is strictly adherent to dietary advice and exercise.but her early morning sugar remains high.blood sugar level chart given.At 2 pm 90.at 8 pm ?115.at 8am 215.What strategy you will tell her.*
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*3.Continue with same doses and eat a sugar snack at 3am. 4.continue with same doses but eat a sugar meal at bed time..kuch is tarah ki options thi*

for somogyi they will give value of mid night hypoglycemia

*16 years boy with Seizures . O/E some nodules on nasolabial folds and face and some plaque type rash in back and subungual fibromas.*
*Family HX negative.*
*Diagnosis*
*1. Von Recklingausan disease*
*2. Tuberous Sclerosis 3. Sturge weber*
*4. Osler rendu weber Syndome*
*Forgot others*
*But NF was not there.*

↳ Shagreen patches
↓ adenoma sebaceum

Low Complement GN

MPGNS

MPGN
Post strept GN.
SLE

A

Achalasia

Initial Test = CXR
Barium Swallow
Confirm → Manometry
Pre-op – ~~esophageal~~ upper GI endoscopy

*about HDL. Alfa lipoprotein. The options were.*
*Abetalipoprotenemia.*
*Type 1 dyslipidemia*
*Type 2 dyslipidemia*
*Lipoprotein lipase deficiency*

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*contraindication to mechanical ventilation.*
*Inc resp rate*
*Prolong expiration*
*Inc residual volume*
*Vital capacity*

Neutrophils
< 1800/ml or < $1.8 \times 10^9$/L
= Neutropenia

*PICA SYNDROME/Aclasia on barium meal confirm by manomatry/pt with ptosis opthamoplegia with dry*

→ severe neutropenia if < 500/

AICA
PICA
– WEBER
BENEDICT

+CCl
+Gf

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⇒ PICA SYNDROME/Aclasia on barium meal confirm by manomatry, pt with ptosis opthamoplegia with dry mouth Lambert Eaton, one Q was about wiple treatment options antibiotic, positive bifregance crystal in osteoarthritis, on q deformed RA with neutropenic spleen felty, recurrent haematuria with low complement gud pasture, one was INFECTIVE ENDOCARDITIS, PREGNANCY WHICH NOT Suitable CAPTOPRIL, YOUNG healthy Male recurrent jaundice with spleen unconjugate bilirubinema GILBERT, TWO senario pt recurrent rt hypochondrium pain raise alkaline phosphatase who diagnose by endoscopy Gi PROBLEM PSC, pt with small n large pain at time of episodes of diarrhea IBD
CSf
No

↳ Shagreen patches

↓ adenoma sebaceum

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Neutropenia
< 1800/mL or < 1.8 x $10^9$/L
= Neutropenia
→ severe neutropenia if < 500/mL or < 0.5 x $10^9$/L

Achalasia
Initial Test = CXR
Barium Swallow
Confirm → Manometry
syndromes
Pre-op - ~~esophageal~~ upper GI endoscopy

- AICA
- PICA
- WEBER
- BENEDICT

HCC
~~HGE~~
Unions - Hemolysis
Gilbert
Crigler Najjar
CDR
Conj - Dubin Rotor

CMDT - 620 (2015) -
Rx of Whipples - Ceftriaxone - 1 g IV x BD
or Meropenem - 1gm IV TDS
} 2 wks
Follow by Trimethoprim/Sulfamethoxazole 160/800mg - BD for 1 year

Post Rx -
Duodenal Bx
+ CSF PCR.
6 monthly for 1 year

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## Normal CSF

IOP
Normal =

Cells were 5
All lymphocytes
100mg protein 40mg sugar
This was exact
What treatment to start with Iv acyclovir
Iv benzyl penicillin
Iv quinine
Iv steroids
Patient with inferior wall MI received SK with HR 40 and BP 100/70.
Best initial treatment
1. Atropine
2. Temporary pace maker
3. Cardioversion

Pace Maker if
BP < 90
pauses > 3 seconds.

10 years of RA.She never went into remission.currently on leflunamide.develop leg swelling,abdominal distension and facial swelling.cause?
amyloidosis
nephrotic syndrome.
Retrosternal intermittent sharp pain.He has cough and low grade fever.
MI — sudden onset - constant
Pulmonary embolism — pleuritic chest pain
acute pericarditis — sharp retrosternal pain, may develop in hours to days or intermittent. Pain ↑ if lying down ↓ with sitting up
costochondritis — tenderness of the costochondral junction
High dose ascarbic acid to prevent cold
1.false urine bilirubin
2.false urine glucose
3.high urine gravity
2nd option correct
all features of GBS. →
Most common finding → GBS pt mostly have raised proteins in CSF & normal CSF cell counts.
1. Raised CSF protiens
2. Lymphocytosis
3- protein
↑ Protein and ≤10 mononuclear cell → likely Dx = GBS
Diabetic with productive cough and fever.Antibiotic?
Cefuroxime
septran
cloxacillin
flucloxacillin
ampicillin
Dr Hathim.
Patient with renal dysfunction and pulse i think 100 and BP was 70/50(like shock).
Diagnosis
1. Septic shock
} shift to shock question

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Cefuroxime
septran
cloxacillin
flucloxacillin
ampicillin
} Dr Hathim.
Patient with renal dysfunction and pulse i think 100 and BP was 70/50(like [illegible]).
Diagnosis
1. Septic shock
2. Venous pressure 3 cm of water
CVP – } shift to shock question
Forgot other options
Heavy Alcoholic patient with pain RHC,jaundice and malaise, vomiting (Forgot rest HX).
His labs show ALT 980,AST 350(some values like these but ALT was much more elevated than AST)
S.Bilirubin was 5. Alkaline phosphatase was also raised (but forgot the value)
Diagnosis
1. Alcoholic hepatitis
2. Fatty liver 3. Viral hepatitis
Most important predictor of successful resuscitation
Options
Pulse < 100
RR< 16
bp > 100 systolic
urine output more than some value was given.
} check.
Best predictor of outcome
✓ end tidal $CO_2$ ($ETCO_2$) following 20min of resuscitation
↳ 10 = Bad.

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26) Young patient with painful eye and sudden loss of one eye vision? crvo,MS,retinal cerebritis etc

27) A nurse has plasma osmolality of 280 and urine 290..after deprivation urine osmolality is 600.. cause

Psychogenic DI Lithium toxicity Cranial DI Nephrigenic DI

28) Patient with siadh hx ( ca lung or head injury) no hypotension , edema , dehydration , Na 118 treatment 1. Fluid restriction 2. N saline 3. 3% saline 4. IV frusemide

29) Subclavian steel syndrome

30) pedal edema,ascites,raised jvp,normal heart,low voltage QRS complexis?ccf,corpulmonale,constrictive pericaritis

31) 12 y boy who gradually developin last the 6years, with proximal muscle weaknes of limbs and pelvic girdle.Dx. Limbgirdle type dystrophy Facioscapulohumoral

32) Pt.with steatorhhea,non pit edema and ascites..dx. Celiac? Intestinal lymphamgiectasia

33) Pt with qrs complex broadening and tall tented t waves what to do I v calcium or lab

34) Diabetic patient with giddines and occasional vomitting,sweating..Dx. Autonomic neuropathy Peripheral neuropathy

35) Young boy with trauma to leg..orthopedic surgeon advised rest.he developed sudden onser SOB and tachy..ecg shows sinus tachy..cxr showed left sided small pleural effusion with pleural rub on examination..Dx PE Spontanous pneumothorax Fat embolism

36) Pat on treatment of HTN, ATT , ca 11.2 , cause 1. Thiazide 2. Rifampicin 3. Isoniazid

37) Female with recurrent abortions for 10 years,has one alive son,aptt 46 sec..dx.is .plz complete te senario Apls SLE Torch inf

38) Diabetic patient on insulin started on propranolol developed hypoglycemia. What shud be done A. Reduce actrapid B. Reduce long humulin C. Reduce propanolol D. Stop propranolol

39) After an illnessa boy developed swelling of left knee and right ankle..dx. Reactive arthritis Gout

40) Pt.had severe diarrhea and he took metronidazole but developed ARF or something happened to him.dont remember..dx. HUS?

41) SLE pt.with fits and unconsciousness.fits controlled with diazepam,has hypodense lesion on CT scan..next apropriate step?kindly complete this senario.. Prednisone

42) Patient with secondary amenorrea,soft skin,lethargy...Dx. Addison Sheehan Primary hypothyroid

43) [illegible] peripheral lung infiltrates on cxr diagonosis? Sarcoidosis

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44) Hx of recurrent TIAs, with hemiparesis n visual loss .o/e normal neurological exam , 80 % internal carotid stenosis Options for treatment 1. Aspirin 2. Warfarin 3. LMWH 4. End artectomy

45) Htn with hypokalemia treatment of choice? Spironolactone

46) Cryptococcal neoformans?

47) TOF?

48) RA with paresthesia n rt foot drop , treatment 1. Steroids 2. Surgical intervention 3. NSAID , metho , steroids

49) Pt.with upper GI bleed,endo shows varices,no hepatomegaly..tx.to prevent recurrent bleed Propranolol

Banding Sclerotherapy

50) Pt.stool RE shows eggs of ankylostoma deudonal.tx.is Praziquantel Albendazole

51) Patient in surgical ward hypotension , fluid 1.n saline 2. 0.45 saline 3. RL 4 . Haemacel

⇒ CPSP has a shamefully low passing rate.

⇒ Raise your voice for your rights—
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52) Pt.has hemoptysis and cXR is normal..FBC normal.next to do is? ( Dnt remember exact senario)..help me in recalling it. Bronchoscopy Ct chest Sputum analysis Mediastinoscopy Clotting profile

53) Hcv positive pt.with ascites and abdominal pain..diagnostic tap showed 75% neutros..pt.will benefit from Iv antibiotics Therapeutic tap Transjugular shunt..i hope this was the scenario

SBP — Definition. Ascitic fluid TLC > 500 & Neutros (PMN cells > 250).

54) Patients ACTH levels raised and cortisol raised..low dose dexa dint supress but high fise dexa did suppression..next todo MRI pitutary. → ant. pit hormone.

55) pt with h/o fever drenching night sweats n wt loss cxr normal does anyone remember? Brucellosis

CLL

56) Tdt positve and negitive etc Burkitt Mucoid fungoides ~~CH~~ Lymphatic → TdT positive = ALL

57) Rabbit bite 1. Rabies immunoglobulin 2. Vaccine 3. IV antibiotic 4. Vaccine + immunoglobulin

58) Scenario on Wilson disease

Raise your voice for your rights!

59) Autoimmune hemolytic anemia with platelet count 60000, what is Dx? Evans syndrome

60) there was schedule of rabies vaccine asked I think 0 3 7 14 28 days

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61) Pt.with smoking,htn and sudden onset abdominal pain..dnt remember exact senario..but it was i think Atherosclerotic aortic dissection

62) Pt having history of confusion loss of vibration sense absent ankle and extensor planters diagnostic investigation? B12

63) Diabtic with diarrhea Loperamide?

64) Pt.with radio radial and radiofemoral delay..cause is Coarctation of aorta before origion of subclavian artery Descending aorta coarctation

65) Renal involvement , immunofluroscence shows igm , C3 deposition 1. Minimal change 2. Diabetic nephropathy 3. SLE 4. Cryoglobin

66) Patient with right hypochondrial pain of gradual onset,developed jaundice and fever..palpable mass in rt.hypo..dx. Choledochal cyst Biliray atresia Hydatid cyst Hepatic cyst Reidel lobe of liver

67) Pt with ho of rash and low plt investigation of choice

68) Patient has resp infecton n tk clarith for it Rti resolved then develop renal failure
Ciclosporin toxicity CmV infection Acute rejection

69) Smoker with 2 yrs gradual onset hx.of pain and stiffness in both legs when he walks for 10 min..his pain relieves wd rest..pulses palpable..dx. Spinal stenosis Peripheral vascular disease Disc prolapse

70) Alport syndrome wala senario kya tha? Family history of renal disorder and common in males? With lense dislocation,hearing loss?

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70) Alport syndrome wala senario kya tha? Family history of renal disorder and common in males? With lense dislocation,hearing loss?

71) smoker who had hemoptysis.and cxr showed left hemidiaphragm raised with left hilar enlargement.next to do Broncho Ct chest Sputum analysis Mediastinoscopy

72) Pt.with HTN and had yellowish lesions on elbows..do Fasting lipid profile Skin biopsy

73) IE strep viridans , sensitivity to penicillin , but pat is allergic wat antibiotic to use 1. Ceftriaxone , 2. Vanco 3. Genta

74) Two weeks after delivery lady presented with unconciousness and rt sided weakness, o/e she can not move rt half of her body , rt plantar extensor, fundus ok , csf 1200 cells 60%polys what invest u do for diagnosis 1. Ct brain 2. Mrv 3. Mri with contrast 4. Csf analysis

75) Pt with ho of diarrhoea for last 10 yr now jaundice with pruritis alp increased ama negative diagnosis? PSC

76) Ho joint deformity with Charcot joint with decrease sensations and reflexes.DM

77) Pt with Graves opthalmoparhy drug of choice? Steroids

78) female with history of renal disease farher n uncle died of renal disease what to do? usg+?++

79) CRF pt.with 6 months tx of oral iron..now Hb 10.7.. what to do S/c erythropoitin S/c erythro plus iv iron Continue oral iron CALLA is present on Mature cells.

80) Upper lobe fibrosis R.A Scleroderma Ankylosing spondylits

TDT positive — ~~ALL~~, ~~for~~ for immature B and T cells.
like ~~ALL (B)~~ / ~~AML~~ — ALL >> AML. ~~It~~ It is negative on mature cell lymphomas like Burkitt. Hairy cell leukemia ; CLL (B + T Both) ; B/cell lymphoma ; mycosis fungoides

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